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2 filing THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
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4 IN AND FOR THE COUNTY OF S.F.  
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APR 23 2010 4:10 AM  
FILED  
SAN FRANCISCO SUPERIOR COURT  
CLERK'S OFFICE

PEOPLE OF THE STATE OF CALIFORNIA,

CASE NO. \_\_\_\_\_

**MHP**

Plaintiff,

vs.

APPLICATION TO PROCEED  
IN FORMA PAUPERIS; AND  
DECLARATION IN SUPPORT  
OF APPLICATION

**(PR)**

H MARQUETTE (Chancery)

Defendant.

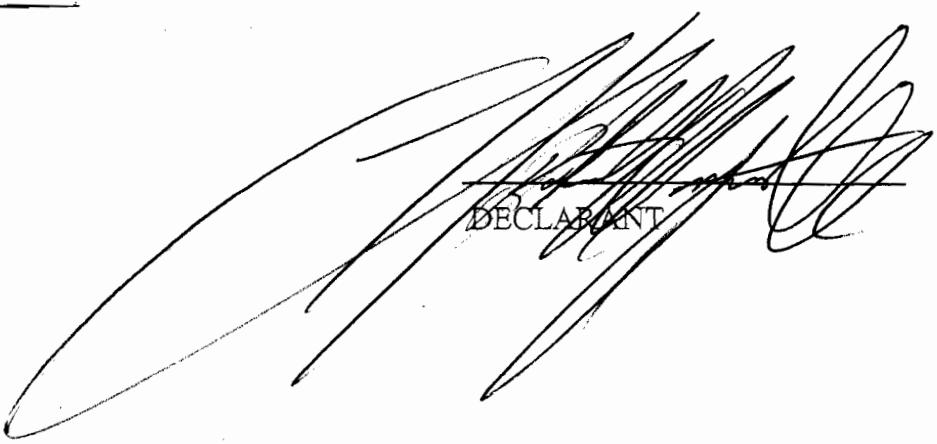
IN FORMA PAUPERIS DECLARATION

1. I am the defendant in the entitled action in Case Number QCF7253 and am incarcerated without resources to retain legal counsel to represent me in this action;
2. That I do believe I am entitled to bring this writ in order to secure the appointment of counsel to defend my present and future rights in the above cause of action;
3. That because of my poverty I am indigent and unable to pay the costs of this action, to give security therefore, or to employ an attorney;
4. That I have assets of only \$ 0 and no income, except \$ 0;
5. That what minimum financial resources I do have I do require for my personal maintenance and/or that of my family;
6. That I do require the costs of this proceeding to be waived in order to prevent further violations of my rights to due process and equal protection of law.

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2                   VERIFICATION  
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4                   I have read the above statements and swear under penalty of perjury that  
5                   these statements are true as based upon information and belief. Executed this 23<sup>rd</sup> day of  
6                   March 23, 2008 at Vacaville, California. Pursuant to the Code of Civil Procedure,  
7                   §4465 and §2015.5.

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9 DATE: 3/23/08  
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13                   DECLARANT  
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STATE OF CALIFORNIA  
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

## TRUST ACCOUNT WITHDRAWAL ORDER

Date March 23 2008

To: Warden                                  Approved \_\_\_\_\_

I hereby request that my Trust Account be charged \$\_\_\_\_\_ for the purpose stated below and authorize the withdrawal of that sum from my account:

P-32844

NUMBER

NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested  
(do not use this form for Canteen or Hobby purchase).

PURPOSE U.S. Courthouse  
LEGAL POSTAGE  
6x9 Manila Envelope

PRINT PLAINLY BELOW name and address of person  
to whom check is to be mailed.

NAME Marquette  
ADDRESS B#5 #750 UP

PRINT YOUR FULL NAME HERE

Robert Marquette